

Work Order ID 105185

Thursday, July 25, 2013 3:17:27 PM

105185

Page 1

Item ID: D2199-23 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Strut
Start Date: 7/25/2013 Start Qty: 1.00 ***1*** Cust Item ID:
Required Date: 7/31/2013 Req'd Qty: 1.00 ***1*** Customer:
Reference: RA 111569

Approvals: Process Plan: *MF* Date: *13-7-25* Tooling: Date: Run Start ***NR1***
QC: Date: SPC (Y/N): Date: Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr | | | | | | | | |
|----------|--------------|--|--|--|--|--|--|--|--|
| D2199 | Rev E1 | | | | | | | | |

| | | | | | | | | | |
|-----------------|-----------------------------------------------------------------------------|------|--|--|--|--|--|--|--|
| 170 | | 0.00 | | | | | | | |
| *170* | | | | | | | | | |
| QC | | 0.00 | | | | | | | |
| Quality Control | Memo INSPECT RA 111569 D2199-23 X 1 B97098 STRIP AND RE-POWDERCOAT | | | | | | | | |

6/31/123 *1746 13-7-30*

| | | | | | | | | | |
|----------------|-----------------------------------------------|------|--|--|--|--|--|--|--|
| 180 | White Gloss(Ref:4.3.5.2) per QSI005 4.3-Steel | 0.00 | | | | | | | |
| *180* | | | | | | | | | |
| Powdercoat | | 0.00 | | | | | | | |
| Powder Coating | Memo STRIP AND RE-POWDER COAT | | | | | | | | |

Start Time: 3:20 *Temp 400°F* *Finish Time: 3:50* *1746 MF 13/07/20*

| | | | | | | | | | |
|-----------------|----------------------------------------|------|--|--|--|--|--|--|--|
| 190 | QC3- Inspect Part Finish | 0.00 | | | | | | | |
| *190* | | | | | | | | | |
| QC | | 0.00 | | | | | | | |
| Quality Control | Memo All Parts must be Return to ED | | | | | | | | |

W126125 *13-07-30*

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| Landing Gear | General | Other |
|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Bend | <input type="checkbox"/> Grain |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete |
| <input type="checkbox"/> Crushed/Crimped | <input type="checkbox"/> Burrs | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Countersink | <input type="checkbox"/> Misabeled |
| <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Misread |
| <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Offset |
| <input type="checkbox"/> Torque Waves in Extrusion | <input type="checkbox"/> Drawing | <input type="checkbox"/> Out of Calibration |
| <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Finish | <input type="checkbox"/> Out of Sequence |
| <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Folio | <input type="checkbox"/> Outside Dimensions |
| | | <input type="checkbox"/> Ovalized |
| | | <input type="checkbox"/> Over/Under tolerance |
| | | <input type="checkbox"/> Part Incorrect |
| | | <input type="checkbox"/> Part Lost/Missing |
| | | <input type="checkbox"/> Part Moved |
| | | <input type="checkbox"/> Positioned Wrong |
| | | <input type="checkbox"/> Power Loss/Surge |
| | | <input type="checkbox"/> Pressure/Forced |
| | | <input type="checkbox"/> Temperature/Cure |
| | | <input type="checkbox"/> Weld |
| | | <input type="checkbox"/> Wrong Stock Pulled |
| | | <input type="checkbox"/> Other |

Work Order ID 105185

105185

Page 2

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| | | | | | | |
|----------------|-----------|-----------------|---------------|---------------|-------|-------|
| Item ID: | D2199-23 | Accept | *N9000040100* | Setup | Start | *NS1* |
| Revision ID: | | | | | | |
| Item Name: | Strut | | | | Stop | *NS2* |
| Start Date: | 7/25/2013 | Start Qty: 1.00 | *1* | Cust Item ID: | | |
| Required Date: | 7/31/2013 | Req'd Qty: 1.00 | *1* | Customer: | | |
| Reference: | RA 111569 | | | | | |

| | | | | | | | |
|------------|---------------|-------|------------|-------|-----|-------|-------|
| Approvals: | Process Plan: | Date: | Tooling: | Date: | Run | Start | *NR1* |
| | QC: | Date: | SPC (Y/N): | Date: | | Stop | *NR2* |

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---------------------------------------------|----------------------|---------|-----------|--------------|---------------|---------------|------------------|----------------|
| 200 | Identify as per dwg & Stock Location: | 0.00 | | | | | | | |
| *200* | | | | | | | | | |
| Packaging | Memo D205-541-044 | 0.00 | | 813/02/31 | | | | | |
| Packaging | B105180 | | | | | | | | |
| 210 | QC21- Final Inspection - Work Order Release | 0.00 | | | | | | | |
| *210* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

MLJ 13-07-31

MLJ 13-07-31

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Picklist Print

Thursday, July 25, 2013 3:17:27 PM

Page 1

Work Order ID: 105185

Parent Item: D2199-23

Parent Item Name: Strut

Start Date: 7/25/2013

Required Date: 7/31/2013

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP: D02.06.10Rem polish & add finishNG/CC

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D2199-23 Strut | | Manufactured | No | | | | Each | 8.0000 | | 1 | | | |

Location

Loc Qty

Loc Code

Mezz

1

55743

1

ST264

7

102851

3

103495

4

1 X97098
ME
13-7-25

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Misabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

☐ Ovalized
☐ Over/Under tolerance
☐ Part Incorrect
☐ Part Lost/Missing
☐ Part Moved
☐ Positioned Wrong
☐ Power Loss/Surge

☐ Pressure/Forced
☐ Temperature/Cure
☐ Weld
☐ Wrong Stock Pulled
☐ Other

RA 111569 D205-541-043 QTYx2

Received @ Dart July 18th, 2013
Inspected @ Dart July 23rd, 2013

CUSTOMER: RETROLEUM HELICOPTERS INC
CUSTOMER CONTACT: JULIA RAMOS
SHIPPED FROM: LAFAYETTE LA, USA

Instructions for RA 111569 D205-541-043 B102568 CHG002

- Still at current CHG #
- Basket has been re verified as a Right Hand (-044)
- Kit has not been used. Can be reused as is
- Basket must be cleaned before restocking
- All Identification for previous B#'s must be removed
- D2332-041 must be removed and relocated on correct side
- Needs new BATCH # for restocking
- Needs new labels and paper works

Time Estimate = 3 HOURS

Departments Required: Stores & Finishing

Pictures Attached = NO

QTY INSPECTED = x1 D205-541-041 B102568 CHG 002

Instructions for RA 111569 D205-541-043 B102569 CHG002

- Still at current CHG #
- Basket has been re verified as a Right Hand (-044)
- All hard ware has been used and needs to be replaced
- The "D" parts listed must be striped and re powder coated and re-id under original B#'s (see Eric Downing for re identifying)
 - D2498 B55744
 - D3052-1 B40200
 - D2499 B55745
 - D2199-23 B97098
 - D2199-25 B98075
- Basket must be cleaned before restocking
- All Identification for previous B#'s must be removed
- D2332-041 must be removed and relocated on correct side
- Needs new BATCH # for restocking
- Needs new labels and paper works

Time Estimate = 10 HOURS

Departments Required: Stores & Finishing

Pictures Attached = NO

QTY INSPECTED = x1 D205-541-041 B102569 CHG 002

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

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|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

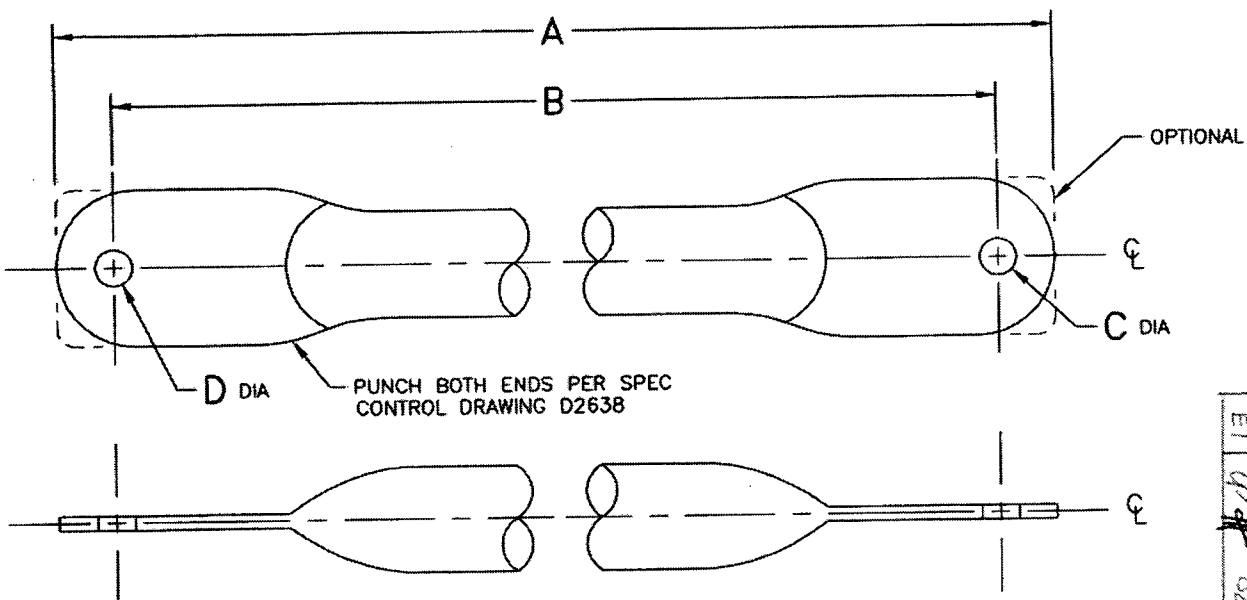
FAULT CATEGORY

| Landing Gear | General | Other | Other |
|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Bend | <input type="checkbox"/> Grain | <input type="checkbox"/> Ovalized |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Hardware | <input type="checkbox"/> Over/Under tolerance |
| <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete | <input type="checkbox"/> Part Incorrect |
| <input type="checkbox"/> Crushed/Crimped | <input type="checkbox"/> Burrs | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing |
| <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Part Moved |
| <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Countersink | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Positioned Wrong |
| <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Misread | <input type="checkbox"/> Power Loss/Surge |
| <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Offset | <input type="checkbox"/> Pressure/Forced |
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| <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Finish | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Weld |
| <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Folio | <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Wrong Stock Pulled |
| | | | <input type="checkbox"/> Other |



RELEASED
98.05.05 KE

| | | | |
|----------|----------|-------------------------------------------------------------------------------------|--------------|
| DESIGN | DRAWN BY | DART AEROSPACE LTD | REV. E |
| CHECKED | APPROVED | HAWKESBURY, ONTARIO, CANADA | |
| DATE | | DRAWING NO. | SHEET 1 OF 1 |
| 98.04.28 | | D2199 | |
| | | TITLE | SCALE |
| | | STRUT DETAILS | NTS |
| A | 1993 | NEW ISSUE | |
| B | | ADDED -11, -13, AND -15 | |
| C | | ADDED -17 AND -19 | |
| D | | ADDED -21 | |
| E | 98.04.28 | ADDED -23 AND -25 PER TSR A565M ADDED TEMPLATE & SPEC CTRL DWG REDRAWN IN CAD | |
| E1 | 98.05.22 | ADD FINISH | |



| | A | B | C | D |
|----------|-------|-------|-------|-------|
| D2199-1 | 18.30 | 17.50 | 0.257 | 0.257 |
| D2199-3 | 5.80 | 5.00 | 0.257 | 0.257 |
| D2199-5 | 22.64 | 21.84 | 0.257 | 0.316 |
| D2199-7 | 14.74 | 13.94 | 0.257 | 0.257 |
| D2199-9 | 16.52 | 15.72 | 0.257 | 0.257 |
| D2199-11 | 23.60 | 22.80 | 0.257 | 0.316 |
| D2199-13 | 15.96 | 15.16 | 0.257 | 0.257 |
| D2199-15 | 17.57 | 16.77 | 0.257 | 0.257 |
| D2199-17 | 28.05 | 27.25 | 0.257 | 0.316 |
| D2199-19 | 18.90 | 18.10 | 0.257 | 0.257 |
| D2199-21 | 10.80 | 10.00 | 0.257 | 0.257 |
| D2199-23 | 26.18 | 25.38 | 0.257 | 0.316 |
| D2199-25 | 19.93 | 19.13 | 0.257 | 0.257 |
| D2199-27 | 27.34 | 26.54 | 0.257 | 0.316 |
| D2199-29 | 21.11 | 20.31 | 0.257 | 0.257 |

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NOTES:

1. MAKE PER TEMPLATE DT2199-XX WHERE XX IS THE RESPECTIVE DASH NUMBER
2. MATERIAL: AISI 304/316 STAINLESS STEEL TUBE Ø0.750 x 0.049 WALL
3. FINISH: POWDER COAT WHITE (4.3.5.2) PER DART QSI QOS 4.3/E1